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CONFIRMATION NO. 5007

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/720,598   | <b>FILING OR 371(c) DATE</b><br>11/24/2003<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3764   | <b>ATTORNEY DOCKET NO.</b><br>BSC-188C1 |                                |
| <b>APPLICANTS</b><br>Robert Reynolds, Northboro, MA;<br>M. Kevin Richardson, Hopkinton, MA;<br>Mark Bowen, Stow, MA;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/040,720 01/07/2002 PAT 6,673,080 which claims benefit of 60/260,299 01/08/2001<br><i>OK con</i>   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>none con</i>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/08/2004</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowances</i><br>Verified and <i>David B. B. con</i><br>Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>20               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>22852  |   |                               |   |   |                                |
| <b>TITLE</b><br>Retrieval basket with releasable tip   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |